U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

DEAD THE INSTRUCTION				
READ THE INSTRUCTION	S CAREFULLY BEFORE PREPARING THIS REPORT.			
Cus v.				
1. File Number U - 10179	2. Fiscal Year Covered From:			
• • •	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Stanley L Simpler	Name UBC Local Union 214			
	Labor Organization File Number 543-035			
P.O. Box, Bkig., Room No., if any	P.O. Box, Building and Room Number, if any Suite 200			
Street 1511 Woodcrest Cr.	Street 1718 Heilmandale Rd.			
City Harrisburg	City Lebanon			
State PA ZIP Code + 4 171	12 State PA ZIP Code + 4 17046-1442			
5. Position in labor organization. Trustee				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name and address of Employer (including trade name, if any). Name				
p				
Name	7.a. Nature of Interest, Transaction, or Income.			
Name Trade Name, if any:				
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.a. Nature of Interest, Transaction, or Income.			
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.			
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature			
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature or penalty of Perjury and other applicable penalties of the law, that all of the information or accompanying documents), has been examined by the signatory and is, to the best of the			
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature or penalty of Perjury and other applicable penalties of the law, that all of the information or accompanying documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing Stanley L. Simpler		File Number U-			
B. Held an interest in or derived income or oconomic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
B. Name and address of Business (including trade name, if any). Name Keystone Carpenters Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 524 S 22nd St City Harrisburg State PA ZIP Code + 4 17104	9. Business deals with: X a. Lebor Organizat b. Trust c. Employer	tion			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	4 quarterly tru	istee luncheor	n meetings		
Street	11,b. Approximate dollar valu	o of such dealing	\$73.00		
City	12.a. Nature of interest hold		1 473.00		
State ZIP Code + 4					
·	12.b, Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City			To		
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				